For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493317075890

2019

OMB No. 1545-0047

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

		nue Service								
A F	or the	2 019 c	_		ginning 01-01-2019 , and e	nding 12-3	1-2019			
		oplicable:	C Name of or ASSOCIAT	rganization ION OF AMERICAN RA:	ILROADS			D Employ	er identi	ification number
	dress c me cha	-						53-600	0125	
	tial ret	-	Doing busi	ness as						
☐ Fin	al return	/terminated						E Telephor	ao numbo	
		return 	435 3DD C	nd street (or P.O. box i T NW NO 1000	f mail is not delivered to street addr	ess) Room/sı	uite			
⊔ Ар	plicatio	n pending				1 -		(202) 6	39-2114	1
				/n, state or province, o FON, DC 20024	ountry, and ZIP or foreign postal co	ae				
			F. Name -		: <i>CC</i> :		1 >			56,683,861
			IAN JEFFE	nd address of princ RIES	ipai officer:			s this a group re	turn for	
				T NW NO 1000				ubordinates? .re all subordina	tes	□Yes ☑No
r To	v over	npt status:	·	TON, DC 20024				ncluded?		☐ Yes ☐No
L la	x-exem	ipt status.	☐ 501(c)(3) 🗹 501(c) (6)	◀ (insert no.) 4947(a)(1) o	r 📙 527		f "No," attach a	•	•
J W	ebsite	e:▶ WW	VW.AAR.ORG	ì			H(c) G	Group exemption	numbe	r▶
							I Voor of	formation: 1934	M State	e of legal domicile: DC
K Forr	n of or	ganization:	: 🗹 Corpora	ition 📙 Trust 📙 A	ssociation Other >		L real of	TOTTII adoli. 1934	M State	s of legal doffliche. DC
P	art I	Sum	mary							
				ganization's missio	n or most significant activities:					
ψ.	<u> </u>	O PROMO	OTE THE CO	MMON INTERESTS	OF RAILROADS.					
<u>`</u>	-									
Ë	=									
Governance	2	Check thi	is box ▶ □	if the organization	discontinued its operations or o	disposed of r	nore than	25% of its net a	ssets.	
					ning body (Part VI, line 1a) .				3	14
vo vo	4	Number o	of independe	ent voting members	of the governing body (Part VI	, line 1b) .			4	13
E E	5	Total nun	mber of indiv	iduals employed in	calendar year 2019 (Part V, lin	e 2a)			5	86
Activities &	6	Total nun	mber of volu	nteers (estimate if	necessary)				6	13
ĕ	7a '	Total unr	elated busin	ess revenue from F	Part VIII, column (C), line 12 .				7a	83,383
	b	Net unrel	lated busine:	ss taxable income f	rom Form 990-T, line 39 .				7b	63,956
								Prior Year		Current Year
g _i	8	Contribut	tions and gra	ants (Part VIII, line :	lh)				0	0
Ravenue	9	Program	service reve	nue (Part VIII, line i	2g)			49,975,	360	50,452,718
R∌√	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d) 🔒 🔒			1,	241	166,439
_	11	Other rev	venue (Part \	/III, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)			3,357,	969	3,645,972
	12	Total reve	enue—add li	nes 8 through 11 (must equal Part VIII, column (A), line 12)		53,334,	570	54,265,129
	13	Grants ar	nd similar ar	nounts paid (Part IX	(, column (A), lines 1–3)			1,590,	264	1,603,998
	14	Benefits p	paid to or fo	r members (Part IX	, column (A), line 4)				0	0
\$	15	Salaries,	other compe	ensation, employee	benefits (Part IX, column (A), I	ines 5–10)		20,260,	157	19,010,168
SUS	16a	Professio	onal fundrais	ing fees (Part IX, co	olumn (A), line 11e)				0	0
Expenses	b	Total fundr	raising expens	es (Part IX, column ([O), line 25) ▶0					
ш	1	•			es 11a-11d, 11f-24e)			30,796,	135	33,461,868
	18	Total exp	enses. Add	lines 13–17 (must e	equal Part IX, column (A), line 2	25)		52,646,	556	54,076,034
	19	Revenue	less expens	es. Subtract line 18	from line 12			688,	014	189,095
& Q							Begin	ning of Current Y	'ear	End of Year
Net Assets or Fund Balances	20 .	Total acc	ets (Part Y	line 16)			-	24,158,	660	23,280,217
A B.	1			(, line 26)		•		39,636,		36,892,657
جَ جَ			,	· ·	24.6			-15,477,		-13,612,440
	rt II		ature Bloc		ie 21 from line 20	•		-13,477,	322	-13,012,440
					amined this return, including ac	companying	schedules	and statement	s, and to	o the best of my
			ef, it is true,	correct, and comple	ete. Declaration of preparer (ot	her than offi	cer) is bas	ed on all inform	ation of	which preparer has
any k	nowle	dge.								
		*****	*					2020-11-12		
Sign	ı	Signati	ure of officer					Date		
Here	•	JEFFRE	EY D MARSH S	R. VP, FINANCE AND O	CFO					
			or print name a							
		P	Print/Type prep	oarer's name	Preparer's signature		Date 2020-11- 1 2		PTI N P0036921	17
Paid	d						-020-11-12	self-employed		
Pre	pare	er F	Firm's name	► RSM US LLP				Firm's EIN ► 42	-0714325	İ
Use	Onl	ly 🎏	Firm's address	► 9801 WASHINGTON	IAN BLVD STE 500			Phone no. (301)	296-3600	
				GAITHERSBURG, MI				` -′		
\/I=\· '	he ID	C diaa	thic retries		hown above? (see instructions)			I		Yes 🗆 No
۱d۷ t	ne IKS	3 015CUSS	cous refurn (wich the brebarer sl	nown anover (see instructions)				141	THE LIND

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)				Page 2
Pa	rt III Statement	of Program Service Ac	complishments		
	Check if Sche	dule O contains a response o	r note to any line in this Part III .		🗆
1	Briefly describe the o	organization's mission:	·		
		ID EFFICIENT NORTH AMERIC CURITY, PUBLIC AFFAIRS AND		AL ACTIVITIES IN AREAS SUCH AS	S STANDARDS,
-	((110H3, 5/H211, 520	SONITY, FOBLIC ATTAINS AND	TODELO TOLICI.		
2	Did the organization	undertake any significant pro	gram services during the year w	hich were not listed on	
_	=	, = ,			□ Yes ✓ No
	'	ese new services on Schedule			
3	•		gnificant changes in how it condu	ucts, any program	
_	•		-		☐ Yes ✓ No
		ese changes on Schedule O.			
4	Describe the organiz Section 501(c)(3) ar	ation's program service accor	required to report the amount o	largest program services, as meas of grants and allocations to others,	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4d	Other program servi	ces (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$) (Revenue \$)
4e	Total program ser	vice expenses ►			
					Form 990 (2019)

16

17

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19

Par	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part 90.	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 🕏	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🥞	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Yes

Nο

Nο

Nο

Nο

Nο

16

17

18

19

20a

20b

21

990 (2019)			Pag
Checklist of Required Schedules (continued)			
D.1.1		Yes	No
column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	24a		No
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	25a		
	25b		
officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family	26		No
employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to	27		Ne
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N ₁
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N ₁
A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	30		N
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	33		N
	34	Yes	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	36		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			N-
is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏	37		
	Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Parl IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Parl VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," for to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Parl I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ2 If "Yes," complete Schedule L, Parl II Did the organization report any amount on Parl X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Parl III Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "yes," complete Schedule I, Parts I and III. 22 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts II and III. 23 Did the organization have a tax-axement bond issue with an outstanding principal amount of more than \$1,00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25c Did the organization and six and in the secret of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organizations prior Forms 950 or 990-E27 If "Yes," complete Schedule L, Part II Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization provide a grant or other replayed, creator or founder, substantial contributors, or payables to any current or formitice, director,	Checklist of Required Schedules (continued) Ves Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "ves," complete Schedule I, Parts I and III. Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "ves," complete Schedule A and complete Schedule K. If "No," go to line 25a. Did the organization in his was issued after December 31, 2002? If "ves," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. Did the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an ascrow account other than a refunding escrow at any time during the year? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "ves," complete Schedule I., Part I. 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-527 If "ves," complete Schedule I., Part II. Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If "ves," complete Schedule II., Part IV Did the organization applicable filing bresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "ves," com

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

No

Yes

Yes

58

0

1c

1a

1b

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	If Yes," has it filed a form 720 to report these payments? If I'vo, provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
	parachute payment(s) during the year?	15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
_			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	00		
17	List the states with which a copy of this Form 990 is required to be filed▶			
	DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	▶JEFFREY MARSH SR VP FINANCE & CFO 425 3RD ST NW NO 1000 WASHINGTON, DC 20024 (202) 639-2114			n (2019)

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization of the organization from the organization from the organization is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Or of the organization of the organization of the organization of the organization from the organization from the organization from the organization and related organization shelow dotted line) 	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's tax
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,			
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no												
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

Part VII Section A. Officers, Direct	tore Trustee	s Key	Emp	lov		and	Hia	hest Co	mpensa	ted Emr	lovees	(conti	inued)	Page 8
(A)	(B)	, Key i	Empi	(C)		, aliu i	<u>nığı</u>		mpensai (D)	Tea rinh	(E)	(001111	(F	<u> </u>
Name and title	Average hours per week (list any hours for related	than o	one bo	lo not oox, u an off tor/t	ot che unles officer trust		rson a	Repo compe fror organ	portable bensation om the unization 2/1099-	comp from orga	portable pensation related nizations -2/1099-	n a d s	Estima amount o compen from organizat	ated of other nsation the
	organizations below dotted line)		Institutional Trustee	Officer	Key employee	ensa	Former	, MI	isc)		MISC)		relat organiza	ted
See Additional Data Table			di)	<u></u>	+	i ed	<u> </u>	<u> </u>				+		
See Additional Data Table				+	+	+	+	+		+		+		
					+	+_	+	<u> </u>		+		+		
					\perp		\perp			1		\bot		
		-	-	-	+	┼	+					+		
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												士		
				<u> </u>	\perp	<u> </u>	\perp	<u></u>		<u> </u>		_		
b Sub-Total		<u> </u>		<u> </u>	L	<u> </u> ▶						+		
c Total from continuation sheets to Pa	art VII, Section				J	•	_					\pm		
d Total (add lines 1b and 1c)					.	(a) who			,222,582			0		1,056,56
Total number of individuals (including of reportable compensation from the or an arrangement of the compensation).			e liste	ed a	bov	e) wno	rec.	eivea mo	re than a	100,000				
B Did the organization list any former o	officer, director	or trust		~~ (-mp'	lovee,	or h	ighest co	mnensate	ad employ	ee on	_	Yes	No
line 1a? If "Yes," complete Schedule J	J for such individ	idual .	•	•	•		-				3e G.	3		No
For any individual listed on line 1a, is organization and related organizations individual										m the		4	Yes	
Did any person listed on line 1a receives rendered to the organization?									tion or in	dividual fo	or •	5		No
Section B. Independent Contract				_	_		_							
Complete this table for your five higher from the organization. Report compen	nsation for the c									on's tax y		mpens		
	(A) and business addre	ess								(B) scription of			(C Comper	nsation
RANSPORTATION TECHNOLOGY CENTER INC		_	_	_	_	_	_		TESTING 8	& RESEARCI	ਜ		14	4,428,412
JEBLO, CO 810010130 JBJECT MATTER				—	—				PAID MED	IA CONSUL	TING +	\rightarrow		4,573,632
201 NEW YORK AV NW SUITE 900									ADVERTIS		TING ,	ĺ		,3/3,0
ASHINGTON, DC 20005 IBSON DUNN & CRUTCHER LLP									LEGAL CO	NSULTING				859,179
050 CONNECTICUT AV NW ASHINGTON, DC 20036									- CIVIEEL	THE COME	··· TING			C44 03/
RINC 551 RIVA ROAD								ļ	ENGINELI	RING CONSU	JEIING			644,836
NNAPOLIS, MD 21401 OMPASS LEXECON				—	—				ECONOMI	C CONSULT	ING	\dashv		584,679
00 STATE STREET SOSTON, MA 02109														
2 Total number of independent contractor compensation from the organization ▶ 3		a not lim	ited t	o th	ıose	listed	abov	ve) who r	eceived r	nore than	\$100,00			
													Form 99	0 (2019

		(2019)								Page 9
Part	VII				respo	nse or note to anv	line in this Part VIII			🗆
		<u> </u>		<u> </u>	, 55,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1	a Federated campa	igns	s	1a			revenue		312 - 314
Iributions, Gifts, Grants Other Similar Amounts		b Membership dues	5.	. [1 b					
Gifts, Grants illar Amounts		c Fundraising even	ts .	[1c					
ifts, ar A		d Related organizat	tions	i L	1d					
3, G m ::G		e Government grants		· L	1e					
Sign		f All other contributio and similar amounts	ns, g s not	ifts, grants, included	1f					
but the		aboveNoncash contributio	ns in	L cluded in	<u></u>					
Contributions, and Other Sim		lines 1a - 1f:\$		L	1 g					
Cont		h Total. Add lines	1a-1	f		>				
						Business Code	44 444 012	41 441 012		
OL)	2a	MEMBERSHIP DUES				900099	41,441,813	41,441,813		
enu	b	INDUSTRY SUPPORT				900099	4,226,998	4,226,998		
æ ≥	_ ا	USER FEES					3,958,609	3,958,609		
vice	`					900099				
Ş	d	LICENSING				900099	419,909	419,909		
Program Service Revenue	e	CONTRACTS				900099	183,078	183,078		
δĞ							222 244			
	f	All other program	serv	rice revenue.			222,311	192,311	30,000	
		Total. Add lines 2				50,452,718	_			
	3	Investment income similar amounts) .	(inc	luding divide	nds, i •	nterest, and other	191,754	ı		191,754
	4	Income from invest				ond proceeds				
	5	Royalties	_			1	•			
				(i) Rea	l	(ii) Personal	-			
		Gross rents	6a	1	88,174					
	b	Less: rental expenses	6b		0	,				
	c	Rental income	6c	1	00 174		1			
	,	or (loss) Net rental income			88,174	L				188,174
				(i) Securit		(ii) Other				
	7a Gross amount from sales of assets other than inventory				93,417	,				
	b	than inventory Less: cost or other basis and	7b	2,4	18,732					
		sales expenses	_				-			
		Gain or (loss) I Net gain or (loss)	7с		25,315	1	-25,315	5		-25,315
		Gross income from fu			 	• • • •				20,020
Other Revenue		(not including \$ contributions reported	d on	of line 1c).						
eve		See Part IV, line 18	•		8a					
بّ ھ	ı	Less: direct expen			8b					
othe	°	: Net income or (los	s) fr	om fundraisi	ng ev	ents 🕨	1			
	9a	Gross income from g								
	١,	Less: direct expen			9a 9b		-			
	l	c Net income or (los				es •				
	10	a Gross sales of inve returns and allowa			10a					
	1	Less: cost of good	s sol	ld	10b					
	_ (Net income or (los			nvent		_			
	11	Miscellaneo La _{INTERCO} COST S				Business Code 90009	9 2,964,550	2,964,550		
		INTERCO COST S	HAK	. _		30003	_,551,550			
	1	OTHER REVENUE				90009	9 375,116	5		375,116
	,	ERIP/RET COST RI	EIM			90009	9 64,749	64,749		
	l	All other revenue					53,383	3	53,383	
		Total. Add lines 1				•	3,457,798	3		
	12	2 Total revenue. Se	ee ir	nstructions .	•	• • • •	54,265,129	53,452,017	83,383	729,729 Form 990 (2019)

orr	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses		All		
	Section 501(c)(3) and 501(c)(4) organizations must be		_		umn (A).
_	Check if Schedule O contains a response or note to an		(B)	(c)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,603,998			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	6,626,120			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,984,831			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,670,432			
9	Other employee benefits	1,174,738			
	Payroll taxes	1,554,047			
	F	1,554,047			
	Fees for services (non-employees):				
	n Management	4.545.004			
ŀ	Legal	1,566,336			
•	Accounting	133,396			
(l Lobbying	1,045,838			
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,219,111			
12	Advertising and promotion	2,973,255			
13	Office expenses	60,895			
14	Information technology	466,186			
	Royalties				
	Occupancy	2,186,039			
	Travel	1,005,601			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,555,561			
19	Conferences, conventions, and meetings	90,701			
	Interest	,			
	Payments to affiliates				
	· · · · · · · · · · · · · · · · · · ·	504,696			
	Depreciation, depletion, and amortization				
	Insurance	213,932			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a INCOME TAX/DEFERRED TAX	98,546			
	b INTERCOMPANY EXPENSES	14,307,761			
	c DUES & SUBSCRIPTIONS	392,114			
	d OTHER EXPENSES	176,847			
	e All other expenses	20,614			
	Total functional expenses. Add lines 1 through 24e	54,076,034			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	·			
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
					Form 000 (2010)

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

18

19

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22 23

24

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33

1,301,839

487,061

31,820,498

39.636.182

-15,477,522

-15,477,522

24,158,660

Page 11

929

1,204,228

757,416

29,404,123

36.892.657

-13,612,440

-13,612,440

23,280,217

Form 990 (2019)

Check if Schedule () contains a	response o	r note to	any line in	this Part IX	

		Degining or year		Lift of year
1	Cash-non-interest-bearing	8,730,001	1	8,551
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	

2	Savings and temporary cash investments			
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	794,921	4	601,408
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		•	

				, , , , , ,			
S	7	Notes and loans receivable, net				7	
sets	8	Inventories for sale or use				8	
4ss	9	Prepaid expenses and deferred charges			456,344	9	406,447
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,567,501			
	b	Less: accumulated depreciation	10b	4,609,397	2,110,895	10 c	1,958,104
	11	Investments—publicly traded securities .			718,952	11	732,953
	12	Investments—other securities. See Part IV, line	11 .		8,970,899	12	8,970,899
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets				14	

set	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges	456,344	9	406,447		
,	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,567,501			
	b	Less: accumulated depreciation	10b	4,609,397	2,110,895	10c	1,958,104
	11	Investments—publicly traded securities		718,952	11	732,953	
	12	Investments—other securities. See Part IV, line	Investments—other securities. See Part IV, line 11				8,970,899
	13	Investments—program-related. See Part IV, line	:11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,376,648	15	2,058,477
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	24,158,660	16	23,280,217
	17	Accounts payable and accrued expenses			6,026,784	17	5,526,890

3a

3h

No

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 53-6000125

Name: ASSOCIATION OF AMERICAN RAILROADS

Form 990 (2019)

Form 990, Part III, Line 4a: STRATEGIC RESEARCH INITIATIVES (SRI): THE SRI PROGRAM FOCUSES ON RESEARCH THAT WILL MAKE RAIL TRANSPORTATION SAFER, MORE EFFICIENT, AND MORE RELIABLE. THE CURRENT SRI PROGRAM INCLUDES PROJECTS ADDRESSING SIGNALS, TRAIN CONTROL, AUTOMATED OPERATIONS, TRACK, BRIDGES, AND RAIL CAR COMPONENTS SUCH AS WHEELS, BRAKES, AND COUPLERS.

Form 990, Part III, Line 4b: INTEGRATED COMMUNICATIONS CAMPAIGN:A PROGRAM OF MEDIA OUTREACH, PUBLIC AFFAIRS, ADVERTISING, AND CONTENT DEVELOPMENT THAT FOCUSES ON (1) HOW THE FREIGHT RAIL INDUSTRY CONSISTENTLY AND EFFICIENTLY DELIVERS ECONOMIC AND ENVIRONMENTAL BENEFITS TO AMERICANS, (2) HOW RAILROADS USE MODERN TECHNOLOGY TO IMPROVE SAFETY AND PROVIDE PUBLIC BENEFITS INCLUDING A SAFE, FUEL EFFICIENT WAY TO MOVE GOODS AND CONNECT US TO THE

GLOBAL ECONOMY, AND (3) PRESERVING BALANCED REGULATION OF THE FREIGHT RAIL INDUSTRY.

Form 990, Part III, Line 4c: PRESERVING BALANCED REGULATION: A PROGRAM TO PROMOTE THE BALANCED REGULATORY STRUCTURE REQUIRED TO ALLOW RAILROADS THE OPPORTUNITY TO ACHIEVE A REASONABLE RATE OF RETURN AND TO CONTINUE THEIR SUBSTANTIAL INVESTMENT IN THE NORTH AMERICAN RAIL NETWORK, SUCH REINVESTMENT IS

CRITICAL IF RAILROADS ARE TO BE ABLE TO ADDRESS THE CAPACITY CHALLENGES THAT INCREASED RAIL DEMAND FOR TRANSPORTATION BRINGS.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	1 6,	1			,	,	/ J	(11)	(14) 2/4 000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
JAMES A SQUIRES DIRECTOR	1.00	х						0	0	0	
RICHARD H ANDERSON DIRECTOR	1.00	х						0	0	0	
RICK WEBB DIRECTOR	1.00	х						0	0	0	
IKER DE LUISA DIRECTOR	1.00	×						0	0	0	

0

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1.00

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RICK WEBB
DIRECTOR
IKER DE LUISA
DIRECTOR
CARL R ICE

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KEITH CREEL

JAMES M FOOTE

NATHAN ASPLUND

JOHN C HELLMANN

JEAN-JACQUES RUEST

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

1,198,974

580,521

557,690

574,377

506,092

383,616

0

0

0

0

0

0

58,476

37,220

52,766

92,259

202,387

60,971

39.00

1.00 36.00

4.00 39.00

1.00 39.00

1.00 36.00

4.00 40.00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	arry riours	u u	u un			45000,	' I	(14, 2,4,000	(14/ 0/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
DAVID A FINK DIRECTOR	1.00	Х						0	0	0	
PATRICK J OTTENSMEYER DIRECTOR	1.00	Х						0	0	0	
LANCE M FRITZ DIRECTOR	1.00	Х						0	0	0	
EDWARD R HAMBERGER PRESIDENT, CEO & DIRECTOR THRU 4/2019	39.00 1.00	Х		x				1,429,851	0	41,142	

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DIRECTOR
EDWARD R HAMBERGER
PRESIDENT, CEO & DIRECTOR THRU 4/2019
IAN N JEFFERIES
PRESIDENT, CEO & DIRECTOR

MICHAEL J RUSH

JOHN T GRAY

SVP-SAFETY & OPERATIONS

SVP-POLICY & ECONOMICS

SVP-LAW & GENERAL COUNSEL

KATHY D KIRMAYER

JEFFREY D MARSH

KRISTIN A SMITH

SVP-FINANCE & CFO

SVP-COMMUNICATIONS

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

(W- 2/1099-

257,522

250,763

248,187

(W-2/1099-

organization and

125,120

84,962

56,460

72,936

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Institutional Trustee	Xficer	(ey employee	lighest compensated imployee	ormer	MISC)	MISC)	related organizations
ADRIAN ANARKIS	40.00		х				383,466	0	46,958
SVP-GOVERNMENT AFFAIRS									·
TIMOTHY J STRAFFORD	39.00		x				275,644	0	50,163
CORPORATE SECRETARY	1.00								
WILLIAM C THOMPSON	40.00								
					Х		314,581	0	74,745

CORPORATE SECRETARY	1.00				273,011	
WILLIAM C THOMPSON	40.00			v	314,581	
PROGRAM MANAGER				^	314,381	
DANIEL SAPHIRE	40.00					
		l		l v	761 208	

40.00

40.00

40.00

.

for related

and Independent Contractors

ASSOCIATE GENERAL COUNSEL

KELLEY FRENCH DONLEY

AVP-MEMBER SERVICES

AVP-ENVIRONMENT/HAZMAT

ROBERT E FRONCZAK

JENNIFER MACDONALD

AVP-GOVT AFFAIRS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493317075890

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** ASSOCIATION OF AMERICAN RAILROADS 53-6000125 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2

activity.

1

1

2

1

3

Part III-B

Part IV

Return Reference

answered "Yes."

expenses for which the section 527(f) tax was paid).

Supplemental Information

(b)

Amount

Yes

Yes

1

2

2a

2b

2c

3

4

5

Schedule C (Form 990 or 990EZ) 2019

No

No

No

41,441,813

4,792,607

4.845.072

5.243.013

-397,941

52,465

(a)

Yes | No

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

During the year, did the filing organization attempt to influence foreign, national, state or local legislation.

including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

501(c)(6).

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Dues, assessments and similar amounts from members

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Current vear

Carryover from last year Total

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Did the organization agree to carry over lobbying and political expenditures from the prior year?

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493317075890

OMB No. 1545-0047

2019

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

Open to Public

Department of the Treasury

(Form 990)

Na	me of the organization SOCIATION OF AMERICAN RAILROADS		J u	and factor info		er identification	number
					53-600	0125_	
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes				or Accou	ints.	
	Somplete if the organization unswered Te.			sed funds	(b)) Funds and other	accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's except to the organization's except to the organization.] Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for	any other purpose		impermissible] Yes □ No
Pa	t II Conservation Easements.	-!! 5 000	D1-	D/ 1: 7			
	Complete if the organization answered "Yes						
1	Purpose(s) of conservation easements held by the organ		tnat ap				
	Preservation of land for public use (e.g., recreation	or education)		Preservation of ar		, ,	area
	☐ Protection of natural habitat		Ш	Preservation of a	certified hi	istoric structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo		nservation Held at the End	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure include	d in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and n	ot on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, exting	guished	, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservatio	n easement is loca	ated 🕨				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monito	ring, in 	spection, handling	of violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of ι	riolatio	ns, and enforcing c	onservatio	on easements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violati	ons, ar	nd enforcing conser	rvation eas	sements during th	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the	require	ments of section 1	.70(h)(4)(l	B)(i)	
	and section 170(h)(4)(B)(ii)?				- / / / /	Yes	□ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
Par	Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Histori			ner Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition,	educati	on, or research in			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	6 (ASC 958), to re	port in	its revenue stater			
((i) Revenue included on Form 990, Part VIII, line 1				•	> \$	
(i	ii)Assets included in Form 990, Part X					<u></u>	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or o	ther sir	nilar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1				1	\$	
b	Assets included in Form 990, Part X					▶ \$	
	Paperwork Reduction Act Notice, see the Instruction						orm 990) 201

Par	t III	Organizations Maintaining Co	llections of Art	, Histori	cal T	reasures, o	r Other S	Similar As	sets (conti	nued)	
3		g the organization's acquisition, accessio s (check all that apply):	n, and other recor	ds, check	any of	the following	that are a	significant u	se of its coll	ection	
а		Public exhibition		d		Loan or exch	ange progr	ams			
b		Scholarly research		е		Other					
С		Preservation for future generations									
4	Provi Part	ide a description of the organization's co XIII.	llections and expla	nin how the	ey furt	her the organi	zation's ex	empt purpo	se in		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to							☐ Yes	□ N	o
Pa	rt IV	Complete if the organization answ		Form 990	, Part	IV, line 9, c	or reported	d an amou			
		X, line 21.									
1a		e organization an agent, trustee, custod ded on Form 990, Part X?							☐ Yes	☑ N	o
b	If "V	es," explain the arrangement in Part XII	I and complete the	e following	table:			Δ	mount		_
c		nning balance	•	_			1c				_
d	_	tions during the year					1d				_
е		ibutions during the year					1e				_
f		ng balance					1f				_
2a		the organization include an amount on Fo					account lial	oility?	✓ Yes	□ N	0
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the	e explanat	ion has	s been provide	ed in Part X	III	✓		
Pa	rt V	Endowment Funds.									
		Complete if the organization answ	wered "Yes" on I (a) Current year		, Part Prior yea		years back	(d) Three yea	are back (a) i	our yea	rc hack
1a	Beginn	ning of year balance	(a) Current year	(6)	TIOI yea	al (C) 1W0	years back	(d) Tillee yea	ars back (e)	-our yea	15 Dack
	-	butions									
		vestment earnings, gains, and losses									
		s or scholarships									
	Other	expenditures for facilities									
f	Admin	nistrative expenses									
g	End of	f year balance									
2	Provi	ide the estimated percentage of the curr	ent vear end balar	nce (line 1	a. colu	mn (a)) held a			<u> </u>		
- а		d designated or guasi-endowment			5,	(4),					
b	Perm	nanent endowment ►									
c		porarily restricted endowment ►									
-	The	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
3а		there endowment funds not in the posses nization by:	ssion of the organi	zation tha	t are h	eld and admir	nistered for	the		Yes	No
	(i) u	nrelated organizations							3a(i)		
	(ii) r	related organizations							3a(ii)		
		es" on 3a(ii), are the related organization				۱?			3b		
4		ribe in Part XIII the intended uses of the		dowment	tunds.						
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization answ		Form 990	Dart	·IV/ line 11a	See For	n 990 Da	rt X lina 1	n	
	Descr	ription of property (a) Cost or ot (investment)	her basis (b) C	ost or other			cumulated de			ook valu	e
1a	Land										
b	Buildir	ngs									
		hold improvements			3,2	12,762		1,971,746		1	1,241,016
		ment			1,1	84,028		1,019,068			164,960

2,170,711

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

552,128

1,958,104

1,618,583

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 99	0 Part IV lir	ne 11h	See Form 990 F	Part X line 12
	(a) Description of security or category	(b) Book	111	(c) Method	d of valuation:
(1) Financia	(including name of security)	value		Cost or end-of-	year market value
(1) Financia(2) Closely-(3)Other	held equity interests	8,970,899			С
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	8,970,899			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 99	Ο Part IV lir	no 11c	See Form 990	Part Y line 13
	(a) Description of investment	<u> </u>	10 110	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990), Part IV, lin	e 11d	. See Form 990, Par	t X, line 15.
(1) CUSTOD	(a) Description				(b) Book value
(1)CUSTOD:	ED TAX ASSET				757,416 11,173
(3)INVESTM	MENTS RELATED TO SUPP. EMPLOYEE BENEFIT PLANS				550,486
	OST-EMPLOYMENT BENEFITS OM SUBSIDIARIES				587,625 151,777
(6)	N SOBSIDIANIES				131,///
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				2,058,477
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990). Part IV. line	e 11e	or 11f.See Form	990. Part X. line 25.
1.	(a) Description of liability	.,			(b) Book value
(1) Federal (6)	income taxes				
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			.	29,404,123
	or uncertain tax positions. In Part XIII, provide the text of the foot 's liability for uncertain tax positions under FIN 48 (ASC 740). Che				

Schedule D (Form 990) 2019

	Complete if the organize	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facilit	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		•	Retur	n.
	•	zation answered 'Yes' on Form 990, Part			1 .	
1	•	lited financial statements			1	
2	Amounts included on line 1 but no	, ,		1		
а		cies	2a			
b	Prior year adjustments		2b		_	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d]	
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:				
а	Investment expenses not included	l on Form 990, Part VIII, line 7b 🔒 🔒	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18.	.)		5	
Pai	t XIII Supplemental Info	rmation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 4

chedule D (Forn	n 990) 2019	Page 5
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 53-6000125

Name: ASSOCIATION OF AMERICAN RAILROADS

Supplemental Information

Return Reference Explanation

PART IV, LINE 2B:

CUSTODIAL FUNDS ARE CARRIED AS AN ASSET AND AS AN OFFSETTING LIABILITY IN THE ASSOCIATION' S BALANCE SHEET. THE ASSOCIATION ACTS AS CUSTODIAN AND AGENT ON BEHALF OF CERTAIN RAILROAD INDUSTRY RELATED ORGANIZATIONS FOR WHICH THE ASSOCIATION PROVIDES BOOKKEEPING SERVICES.

upplemental Information						
Return Reference	Explanation					
PART X, LINE 2:	AAR IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE IRC. HOWEVER, AAR I S SUBJECT TO FEDERAL INCOME TAXES FOR ACTIVITIES THAT ARE UNRELATED TO ITS TAX-EXEMPT FUNC TION. RAF IS INCORPORATED UNDER IRC SECTION 501(C)(3) AS A TAX-EXEMPT ORGANIZATION AND IS FURTHER CLASSIFIED AS A PUBLIC CHARITY UNDER SECTION 509(A)(1) OF THE IRC; HOWEVER, RRF IS SUBJECT TO FEDERAL INCOME TAXES FOR ACTIVITIES THAT ARE UNRELATED TO ITS TAX-EXEMPT FUNCT ION. AAR AND RRF, AS TAX-EXEMPT FOR ACTIVITIES THAT ARE UNRELATED TO ITS TAX-EXEMPT FUNCT ION. AAR AND RRF, AS TAX-EXEMPT FOR INCOME TAX AND TO THE EXTENT OF ANY UNRELATED ACTIVITIES TO THEIR TAX-EXEMPT FUNCTION, FILE FORM 990-T RETURN OF ORGANIZATION BUSINESS INCOME TAX X RETURN. TTCI AND RAILING FILE SEPARATE FEDERAL AND STATE INCOME TAX RETURNS. ACCORDINGLY, AMOUNTS REPORTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS REPRESENT THE COMBINED INCOME TAX ACCOUNTS OF AAR, TTCI, RAILINC AND RRF. DEFERRED TAX ASSETS AND LIABILITIE ES ARE RECOGNIZED FOR THE FUTURE TAX CONSEQUENCES ATTRIBUTABLE TO DIFFERENCES BETWEEN THE CONSOLIDATED FINANCIAL STATEMENTS CARRYING AMOUNTS OF EXISTING ASSETS AND LIABILITIES AND THEIR RESPECTIVE TAX BASES AND OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. DEFERRED TAX A SSETS AND LIABILITIES ARE MEASURED USING ENACTED TAX RATES EXPECTED TO APPLY TO TAXABLE IN COME IN THE YEARS IN WHICH THOSE TEMPORARY DIFFERENCES ARE EXPECTED TO REVERSE. IF APPROPR IATE, DEFERRED TAX ASSETS ARE REDUCED BY A VALUATION ALLOWANCE, WHICH REFLECTS EXPECTATION S OF THE EXTENT TO WHICH SUCH ASSETS WILL BE REALIZED. THE ASSOCIATION FOLLOWS THE CODIFIC ATION TOPIC, INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIM ED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANC IAL STATEMENTS. UNDER THIS GUIDANCE, THE ASSOCIATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERTIS OF THE POSITI ON. THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317075890 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ASSOCIATION OF AMERICAN RAILROADS 53-6000125 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 89.559 3a Sub-total . b Total from continuation sheets to Part I . . . 89,559 c Totals (add lines 3a and 3b)

Type of grant or assistance	uplicated if addit (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	(h) Method of valuation
		recipients	cash grant	aispursement	assistance	assistance	valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		∐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐ Yes	☑ No

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III A	ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

Form 990 Schedule F Part I - Activities Outside The United States

EIN: 53-6000125

Name: ASSOCIATION OF AMERICAN RAILROADS

FRINGE

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0		TRAVEL, MEETING, LODGING, REGISTRATION FEES, SALARY AND FRINGE	83,235
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL, MEETING, LODGING, REGISTRATION FEES, SALARY AND	6,324

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019
Open to Public

DLN: 93493317075890

Inspection

nternal Revenue Service							
ame of the organization SSOCIATION OF AMERICAN RAI	TPOADS					Employer identific	ation number
SSOCIATION OF AMERICAN RAI	LINOADS					53-6000125	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used to	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ No
Describe in Part IV the organic	anization's procedur	res for monitoring the u	se of grant funds in the U	nited States.			
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectiEnter total number of othe							7 8

(Form 990)

Department of the

Treasury

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference

Explanation

PART I, LINE 2: AAR AWARDS ASSISTANCE TO ORGANIZATIONS RECOGNIZED AS TAX-EXEMPT UNDER IRC SECTION 501(C) OR AS A COLLEGE OR UNIVERSITY. THE PARTICIPANTS PRODUCE A REPORT SUMMARIZING THEIR WORK AFTER EACH PHASE.

Additional Data

AMERICAN SHORT LINE &

REGIONAL RAILROAD ASSOCIATION (ASLRRA) 50 F STREET NW SUITE 7020 WASHINGTON, DC 20001

Software ID: Software Version: **EIN:** 53-6000125 Name: ASSOCIATION OF AMERICAN RAILROADS Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 501(C)(6) 7,500 EVENT SUPPORT

9,800

EVENT SUPPORT

AMERICAN CHEMISTRY 53-0104410 COUNCIL 700 2ND ST NE WASHINGTON, DC 20002

53-6000080

501(C)(6)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICANS FOR TAX REFORM 52-1403587 501(C)(6) 25.000 PROGRAM SUPPORT 722 12TH ST NW 4TH FLOOR 94-3229678 501(C)(4) 755.000 PROGRAM SUPPORT

WASHINGTON, DC 20005 COALITION AGAINST BIGGER TRUCKS LLC (CABT) 109 N FAIRFAX STREET

SECOND FL

ALEXANDRIA, VA 22314

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-2270607 501(C)(4) 20.000 **IEVENT SUPPORT** CONGRESSIONAL BLACK CAUCUS INSTITUTE (CBCI) 413 NEW JERSEY AVE SE

413 NEW JERSEY AVE SE
WASHINGTON, DC 20003

CONGRESSIONAL HISPANIC
CAUCUS INSTITUTE

EVENT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1128 16TH STREET NW WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1504189 501(C)(4) 25.208 PROGRAM SUPPORT CONGRESSIONAL INSTITUTE INC 1700 DIAGONAL ROAD STE

730 ALEXANDRIA, VA 22314

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

425 THIRD ST SW STE 940 WASHINGTON, DC 20024

501(C)(4) GORAIL 35-2226505 375,000 PROGRAM SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

140 SOUTH DEARBORN STM

CHICAGO, IL 60603

1400

NATIONAL RAILROAD LIBRARY ONE UNIVERSITY BLVD ST LOUIS, MO 631214499	5/-09/6265	501(C)(3)	7,500		PROGRAM SUPPORT
METROPOLITIAN PLANNING COUNCIL	36-2382849	501(C)(3)	10,000		EVENT SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NATIONAL ACADEMY OF 53-0196932 501(C)(3) 35.875 PROGRAM SUPPORT SCIENCES 500 5TH STREET NW WASHINGTON, DC 20001

IEVENT SUPPORT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(4)

NATIONAL ASSOCIATION

BALTIMORE, MD 212790007

COUNTIES PO BOX 79007 53-0190321

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-2232576 501(C)(3) 7.500 PROGRAM SUPPORT NCSL FOUNDATION FOR STATE LEGISLATURES

7700 FAST FIRST PLACE DENVER.CO 80230 SURFACE TRANSPORTATION 52-1864166 501(C)(3) 50.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20002

PROGRAM SUPPORT POLICY PROJECT 750 FIRST ST NE SUITE 1130

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 37-6006007 501(C)(3) 134.000 UNIVERSITY OF ILLINOIS IPROGRAM SUPPORT 205 N MATHEWS AVE NEWMARK

URBANA.IL 61801

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49331	L7075	890		
	nedule J	C	ompensat	ion Information	0	MB No.	1545-0	0047		
•	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public			
-	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	101	mstructions and the latest mion	nation:		ectio			
	me of the organiza				Employer identifica					
ASS	SOCIATION OF AMER	ICAN RAILRUADS			53-6000125					
Pa	rt I Questi	ons Regarding Compensa	tion							
	-						Yes	No		
1a				f the following to or for a person liste ly relevant information regarding the						
	First-class	s or charter travel	$\overline{\mathbf{Z}}$	Housing allowance or residence for	personal use					
		companions		Payments for business use of person						
	_	nification and gross-up payment	s 🔽	Health or social club dues or initiation						
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes			
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/E	executive Directo	r, regarding the items checked on Lir	ne la?					
3	organization's C	EO/Executive Director. Check al	ll that apply. Do i	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i						
	☑ Compensa	ation committee		Written employment contract						
	☑ Independe	ent compensation consultant	\checkmark	Compensation survey or study						
	☑ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee					
4	During the year, related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	iling organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No		
b	Participate in, o	r receive payment from, a suppl	lemental nonqual	lified retirement plan?		4b	Yes			
C			,	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	t III.					
	Only 501(-)(2) F01(-)(4)	\i_i_							
5), 501(c)(4), and 501(c)(29)	_	the organization pay or accrue any						
•		ontingent on the revenues of:	ni A, iine 1a, dia	the organization pay or accrue any						
а	The organization	1?				5a				
b						5b				
		5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section Contingent on the net earnings of		the organization pay or accrue any						
а	The organization	1?				6a				
b	Any related orga	anization?				6b				
	If "Yes," on line	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed int III		7				
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8				
9				presumption procedure described in		9				
For I	Danerwork Bedu	iction Act Notice, see the Ins	tructions for Fo	orm 990 Cat No 5	50053T Schedule	1 /Form	990)	2019		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.					vidual
(A) Name and Title			kdown of W-2 and/o compensation		(C) Retirement and other	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•		

Schedule J (Form 990) 2019	Page 3							
Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference	Explanation							
•	TAXABLE HOUSING ALLOWANCE: WILLIAM C. THOMPSON - \$14,242 NONTAXABLE SOCIAL CLUB DUES: EDWARD R. HAMBERGER - \$5,980 IAN JEFFERIES - \$9,663 WILLIAM C. THOMPSON - \$600							
	JEFFREY D. MARSH PARTICIPATE IN RETENTION AND STAY AGREEMENT - \$170,667 THE FOLLOWING EXECUTIVE RECEIVED A PAYMENT FROM A RETENTION AND STAY AGREEMENT: EDWARD R. HAMBERGER - \$1,000,000 MICHAEL J. RUSH - \$144,386							

Schedule 1 (Form 990) 2019

Software ID:

Software Version:

EIN: 53-6000125

Name: ASSOCIATION OF AMERICAN RAILROADS Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (iii) (ii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 1EDWARD R HAMBERGER 423,344 1,006,507 30,666 18,436 1,478,953 854,935 PRESIDENT, CEO & DIRECTOR THRU 4/201 1IAN N JEFFERIES 792,626 400,000 6,348 24,782 62,297 1,286,053 PRESIDENT, CEO & DIRECTOR 2MICHAEL J RUSH 330,686 99,612 150,223 33,511 12,059 626,091 119,811 SVP-SAFETY & OPERATIONS 3JOHN T GRAY 369,105 168,100 20,485 26,365 34,143 618,198 SVP-POLICY & ECONOMICS 4KATHY D KIRMAYER 437,615 132,458 4,304 54,093 43,699 672,169 SVP-LAW & GENERAL COUNSEL **5**JEFFREY D MARSH 383,547 5,774 175,158 116,771 37,526 718,776 SVP-FINANCE & CFO **6**KRISTIN A SMITH 292,626 90,000 990 27,551 41,328 452,495 SVP-COMMUNICATIONS **7**ADRIAN ANARKIS 292,806 90,000 660 21,25 33,298 438,021 SVP-GOVERNMENT AFFAIRS 8TIMOTHY J STRAFFORD 236,326 38,540 778 25,274 29,446 330,364 CORPORATE SECRETARY 9WILLIAM C THOMPSON (i) 246,768 40,712 27,101 48,556 29,653 392,790 PROGRAM MANAGER **10**DANIEL SAPHIRE 221,762 36,328 3,208 99,024 30,521 390,843 ASSOCIATE GENERAL COUNSEL 11KELLEY FRENCH DONLEY 218,417 35.937 3.168 62,717 29.957 350,196 AVP-MEMBER SERVICES 12ROBERT E FRONCZAK 212,639 34,588 3,536 38,216 22,616 311,595 AVP-ENVIRONMENT/HAZMAT 13JENNIFER MACDONALD (i) 210,565 34,589 3,033 53,112 27,452 328,751 AVP-GOVT AFFAIRS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -						DLN: 93493317075890		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.qov/Form990 for the latest information.					ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection		
Name Betherofg ASSOCIATION OF 990 Schedul	AMERICAN RAIL	ROADS emental Informatio	n		Employer ide 53-6000125	ntification number		
Return Reference				Explanation				
FORM 990, PART VI, SECTION A, LINE 2	IAN N. JEFF	FERIES AND KATHRYN	I KIRMAYER - BUSIN	ESS RELATIONSHIP				

Return Reference	Explanation
,	ORGANIZATION'S MEMBERS: AAR MEMBERS INCLUDE THE MAJOR FREIGHT RAILROADS OF THE UNITED STAT ES, CANADA AND MEXICO, AS WELL AS SMALLER RAILROADS THAT PROVIDE FREIGHT OR PASSENGER SERV ICES THROUGHOUT NORTH AMERICA. IN ADDITION, NATIONAL RAILROAD PASSENGER CORP. (AMTRAK) IS A FULL MEMBER OF AAR. AAR'S FULL MEMBERS HAVE VOTING RIGHTS AS PRESCRIBED IN THE AAR BY-LA WS. AAR HAS FOUR CLASSES OF MEMBERSHIP: (1) FULL MEMBERSHIP IS AVAILABLE TO U.S. RAILROADS , (2) SPECIAL MEMBERSHIP IS AVAILABLE TO CANADIAN AND MEXICAN RAILROADS (3) ASSOCIATE MEMB ERSHIP IS AVAILABLE TO RAILROAD SUPPLIERS, AND (4) AFFILIATE MEMBERSHIP IS AVAILABLE TO NO
	N-CLASS LRAILROADS

Return Explanation

FORM 990, PART VI, ED BY LAW. ALL MATTERS ARE SUBJECT TO APPROVAL IN ACCORDANCE WITH STATE/LOCAL LAW.

LINE 7B

Return Explanation
Reference

FORM 990,	THE FORM 990 IS REVIEWED BY THE PRESIDENT PRIOR TO FILING. THEN A COPY OF THE RETURN IS PR
PART VI,	OVIDED TO EACH MEMBER OF CURRENT GOVERNING BODY - VIA SECURE ONLINE LINK TO PDF DOCUMENT.
SECTION B,	THE DIRECTORS ARE GIVEN AN OPPORTUNITY TO REVIEW, DISCUSS, AND ASK QUESTIONS BEFORE THE RE
LINE 11B	TURN IS FILED WITH THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL WRITTEN CONFIRMATION OF COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES IS REQUIRED FROM ALL AAR EMPLOYEES AND DIRECTORS. THE ANNUAL CONFLICT OF INTEREST DISCLOSURES OF EMPLOYEES ARE REVIEWED BY THE GENERAL COUNSEL. THE DISCLOSURES OF THE OFFI CERS, INCLUDING PRESIDENT, AND CEO, ARE REPORTED TO THE GENERAL COUNSEL. DISCLOSURES OF THE GENERAL COUNSEL ARE REPORTED TO THE CEO. IN THE EVENT OF AN ACTUAL OR POTENTIAL CONFLICT, AAR WOULD INVESTIGATE AND TAKE APPROPRIATE ACTION TO AVOID AN ACTUAL OR POTENTIAL CONFLICT. SUCH ACTION WOULD INCLUDE THAT THE CONFLICTED PERSON DOES NOT PARTICIPATE IN THE REVIE W, RESOLUTION PROCESS, OR ANY DELIBERATION/DECISION MAKING RELATED TO THE MATTER. FOLLOW UP ACTIONS ARE TAKEN AS NEEDED BY AAR GENERAL COUNSEL OR THE CEO.

990 Schedule O, Supplemental Information

Return Explanation

Reference

INTAINED.

FORM 990,	COMPARABILITY DATA IS PREPARED BY AN INDEPENDENT COMPENSATION CONSULTANT FOR EXECUTIVE (CE
PART VI,	O AND VICE PRESIDENTS) COMPENSATION. THAT INFORMATION IS PROVIDED ANNUALLY TO THE ORGANIZA
SECTION B,	TION'S GOVERNANCE COMMITTEE AS PART OF ITS ANNUAL BUDGET DELIBERATIONS. EXECUTIVE SALARIES
LINE 15	ARE REVIEWED AND ANY MERIT ADJUSTMENTS FOR THAT FISCAL YEAR ARE DETERMINED AS PART OF THE
	ANNUAL BUDGETARY PROCESS CONTEMPORANEOUS MINUTES OF GOVERNANCE COMMITTEE MEETINGS ARE MA.

Return Explanation

FORM 990, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC TO THE EXTENT REQUIRED BY LAW.

SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation

Reference		ı
FORM 990,	CONSULTING FEES 5,911,349. TELECOMMUNICATION SERVICE 187,820. OUTSIDE PRINTING 40,342. ECONOMIC RE-	ı
PART IX,	REG 2,079,600.	ı

LINE 11G

Return Explanation
Reference

FORM 990, UNRECOGNIZED CHANGE, DEFINED BENEFIT PLAN OBLIGATIONS 1,614,550.
PART XI,
LINE 9:

SCHEDULE R
(Form 990)

As Filed Data Related

ASSOCIATION OF AMERICAN RAILROADS

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

DLN: 93493317075890OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

							53-6	000125				
Part I Identification of Disregarded Entities. Com	plete if the orgar	nization ansv	vered "Yes	" on Form	n 990, Part	IV, line	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity				Legal dom	(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax		ete if the org	ganization	answered	"Yes" on I	orm 99	0, Part I	V, line 34	because	e it had one or r	nore	
(a) Name, address, and EIN of related organization		(b) y activity	Legal dom	c) icile (state n country)	(d) Exempt Code		Public ch	(e) parity status n 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled
(1)RAILROAD RESEARCH FOUNDATION 425 THIRD ST SW SUITE 910	RESEARCH		[DE	501(C)(3)		LINE 7		ASSOCIA RAILROA	TION OF AMERICAN DS	Yes	No
WASHINGTON, DC 20024 52-2344655 (2)RAILPAC 425 THIRD ST SW SUITE 1000	POLITICAL AG	CTIVITIES)C	527				ASSOCIA RAILROA	TION OF AMERICAN	Yes	_
WASHINGTON, DC 20024 52-1811074												
(3)AAR RETIREE LIFE INSURANCE TRUST 425 THIRD ST SW SUITE 1000 WASHINGTON, DC 20024 52-1161363	PROVIDES RE INSURANCE T PARTICIPANT	O PLAN)C	501(C)(9)				ASSOCIA RAILROA	TION OF AMERICAN DS	Yes	
32-1101303												
												_
For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Ca	t. No. 5013	<u> </u> 5Y				Sch	edule R (Form 9	90) 20	19

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.									
(a)	(h) (c) ((d)	(f) (a)	(b) (i)	60 60				

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	al Direct cile controlling te entity gn	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	(k) Percentage ownership
				521/			Yes	No		Yes	No	
											\vdash	
Part IV Identification of Polated Organizations Taxable as a Co	rnoration	or Trus	t Complete	if the organi	zation anci	varad "Va	s" on F	orm C	1 100 Part IV	line	34	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34												

Identification of Related Orga	anizations Taxable as a	Corporation or Trust	. Complete if the	l organization	answered "Ye		Part IV, line 3	<u> </u>	
because it had one or more relate	ed organizations treated a	is a corporation or trus	t during the tax y	ear.					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sectio (b)(contr enti	n 512 13) olled
TRANSPORTATION TECHNOLOGY CENTER INC 500 DOT ROAD EBLO, CO 81001 -1440384	RESEARCH & TESTING	DE	ASSOCIATION OF AMERICAN RAILROADS	С	39,226,557	47,191,373	100.000 %	Yes	
PARILINC CORPORATION 001 WESTON PARKWAY SUITE 200 ARY, NC 27513 2-2131600	IT & SVCS	DE	ASSOCIATION OF AMERICAN RAILROADS	С	77,282,798	48,523,632	100.000 %	Yes	
						Sch	edule R (Form	990) 20	19

nedule R (Form 990) 2019					Pa	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Ye	" on Form 990, Pa	irt IV, line 34, 35b	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed in	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
f b Gift, grant, or capital contribution to related organization(s)				1 b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1 d	Yes	
e Loans or loan guarantees by related organization(s)				1e	Yes	
f Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1 g		No
\boldsymbol{h} Purchase of assets from related organization(s)				1h		No
i $$ Exchange of assets with related organization(s)				1 i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1 j	Yes	
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
$ I \hbox{Performance of services or membership or fundraising solicitations for related organization} (s) $				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
${f s}$ Other transfer of cash or property from related organization(s)				1 s	Yes	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line additional Data Table	e, including covered r	relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount ii	nvolved	t .

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	nartner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No				
	1		1			ı				Schedul	e R (Form	990	0) 2019			

AGREEMENT WAS SUBSEQUENTLY RENEWED MOST RECENTLY DURING 2019, WITH A MATURITY DATE OF AUGUST 30, 2020. UNDER THE LINE OF CREDIT FACILITY, SUNTRUST BANK WILL ALLOW ADVANCES AT ANY TIME PROVIDED NO SIGNIFICANT DETERIORATION IN THE FINANCIAL CONDITION OF THE CO-BORROWERS HAS OCCURRED. AS OF DECEMBER 31, 2019, NO AMOUNTS HAD BEEN WITHDRAWN ON THE LINE OF CREDIT.

Additional Data

RAILINC CORPORATION

RAILINC CORPORATION

RAILINC CORPORATION

RAILINC CORPORATION

RAILPAC

TRANSPORTATION TECHNOLOGY CENTER INC

TRANSPORTATION TECHNOLOGY CENTER INC

TRANSPORTATION TECHNOLOGY CENTER INC

Software ID: **Software Version:**

EIN: 53-6000125

Name: ASSOCIATION OF AMERICAN RAILROADS

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1,805,208

379,688

1,160,402

14,236,638

374,706

3,991,067

1,120,303

67,864

COST COST

COST

COST

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved